

(b) Upon the accumulation of 8 years or 1,000 hours TIS on the oil cooler assembly, whichever occurs first, and thereafter at every 8 years or 1,000 hours TIS (whichever occurs first), accomplish one of the following:

(1) Replace the oil cooler hose assembly with a part number specified in the APPLICABILITY section of this AD, and reinspect in accordance with paragraph (a) of this AD at intervals not to exceed 100 hours TIS; or

(2) Replace the oil cooler assembly with an approved TSO-C53a, Type D, hose assembly ensuring that there is a minimum of 2 inches between the oil cooler hoses and exhaust stacks (as applicable) upon installation.

(c) The replacement specified in paragraph (b)(2) of this AD may be accomplished at any time prior to the 8-year or 1,000-hour compliance time as terminating action for the 100-hour TIS repetitive inspection requirement of this AD.

(d) After adjusting or installing oil cooler hoses, prior to further flight, run the engine for 5 minutes to ensure that there are no oil leaks and that the 2-inch clearance is maintained (as applicable) when the engine is warm. Prior to further flight, replace any leaking oil cooler hoses and adjust the clearance accordingly.

Note 3: Although not required by this AD, it is recommended that a hose flexibility test be accomplished at each 100-hour TIS inspection interval. Hose flexibility may be determined by gently lifting the hose in several places from the bottom of its downward arc to the oil cooler. If the hose moves slightly either from side-to-side or upward with the hand at the center of an even arc, then some flexibility remains. If the hose appears hardened or inflexible, hose replacement is recommended.

(e) Special flight permits may be issued in accordance with sections 21.197 and 21.199 of the Federal Aviation Regulations (14 CFR 21.197 and 21.199) to operate the airplane to a location where the requirements of this AD can be accomplished.

(f) An alternative method of compliance or adjustment of the initial or repetitive compliance times that provides an equivalent level of safety may be approved by the Manager, Atlanta Aircraft Certification Office (ACO), Campus Building, 1701 Columbia Avenue, suite 2-160, College Park, Georgia 30337-2748. The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Atlanta ACO.

Note 4: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Atlanta ACO.

(g) Figure 1 of this AD may be obtained from the Atlanta ACO at the address specified in paragraph (f) of this AD. This document or any other information that relates to this AD may be inspected at the FAA, Central Region, Office of the Assistant Chief Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri.

(h) This amendment supersedes AD 76-25-06, Amendment 39-2788.

Issued in Kansas City, Missouri, on March 2, 1995.

Henry A. Armstrong,

Acting Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 95-5601 Filed 3-7-95; 8:45 am]

BILLING CODE 4910-13-U

DEPARTMENT OF DEFENSE

Office of the Secretary

32 CFR Part 199

[DoD 6010.8-R]

RIN-0720-AA27

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Provider Certification Requirements—Corporate Services Provider Class; Occupational Therapists

AGENCY: Office of the Secretary, DoD.

ACTION: Proposed rule.

SUMMARY: This proposed rule presents requirements to permit payment of professional or technical health care services rendered by certain corporate providers and to self-employed occupational therapists; makes changes to clarify the general requirements for individual professional providers; and adds standard provider participation agreement provisions when such agreements are otherwise required.

DATES: Comments must be submitted on or before May 8, 1995.

ADDRESSES: Office of CHAMPUS (PDD), Aurora, CO 80045-6900.

FOR FURTHER INFORMATION CONTACT: Theresa R. Gilstrap, telephone (303) 361-1309.

SUPPLEMENTARY INFORMATION: The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) supplements the availability of health care in military hospitals and clinics. Services and items allowable as CHAMPUS benefits must be obtained from CHAMPUS authorized civilian providers to be considered for CHAMPUS payment. Requirements for CHAMPUS provider authorization are published as regulation.

This amendment proposes to create a fourth class of CHAMPUS provider consisting of freestanding corporations and foundations that render principally professional ambulatory or in-home care and technical diagnostic procedures. Such organizations are currently excluded as an allowable type of CHAMPUS-authorized institutional provider, and employees of these organizations are excluded as

CHAMPUS-authorized individual professional providers.

The CHAMPUS currently has requirements for three classes of providers. The institutional provider class includes hospitals and other categories of similar facilities. The individual professional provider class includes physicians and other categories of licensed individuals who render professional services independently, and certain allied health and extra medical providers that must function under physician orders and supervision. The third class of providers consists of sellers of items and supplies of an ancillary or supplemental nature, such as durable equipment.

CHAMPUS payment depends upon a service being both allowable as a benefit and rendered by a CHAMPUS authorized provider. Consequently, it is currently possible that, for example, outpatient treatment by an occupational therapist employed by a hospital may be paid (to the hospital) while the same service provided by an employee of a freestanding clinic, home care agency, or self-employed occupational therapist is denied payment.

This administrative exclusion is difficult for beneficiaries to apply when seeking health care services because it requires an understanding of the underlying business structure of the provider. But the underlying business structure of a provider organization is important to CHAMPUS management decisions regarding quality assurance and payment methods.

Corporations, both not-for-profit and shareholder, and foundations are an alternative source of ambulatory and in-home care. The proposed addition of the corporate provider class will recognize the current range of providers within today's health care delivery structure and give beneficiaries access to another segment of the health care delivery industry.

This amendment proposes to allow qualified self-employed occupational therapists to be authorized for direct CHAMPUS payment for allowable services as individual professional providers.

This amendment proposes to more clearly establish that a professional corporation or association is not itself a provider but may file claims and receive payment on behalf of an individual professional provider member, and to more clearly state the other general requirements for these providers.

This amendment proposes to establish standard general provisions for agreements with certain providers when such agreements are otherwise required. These provisions will improve

efficiency in CHAMPUS oversight of providers and will limit beneficiary liability related to claims denied due to provider noncompliance with CHAMPUS requirements.

This amendment proposes to remove two provisions which exclude CHAMPUS coverage of civilian diagnostic and consultation services requested by a Military Treatment Facility (MTF) physician in support of continued MTF care of a CHAMPUS-eligible beneficiary. Because MTFs vary in size and clinical capacity for the care of CHAMPUS-eligible beneficiaries, the lack of access to specialized diagnostic and consultation resources through CHAMPUS may result in the MTF purchasing the civilian services directly without the advantage of CHAMPUS price requirements; the beneficiary paying the total cost of such non-MTF services; or the beneficiary choosing to obtain all care in the civilian community in order to take advantage of CHAMPUS cost-share of all the necessary care. Removal of these exclusions will allow flexibility in the implementation of an MTF-based plan-of-care resulting in continuity of care at a lower cost to both the beneficiary and the government.

Executive Order 12866. OMB has determined this is not a significant rule as defined by Executive Order 12866.

The Regulatory Flexibility Act of 1980 requires that a federal agency prepare an analysis when the agency issues regulations which would have significant impact upon a substantial number of small entities. An estimated 2,200 occupational therapists in private practice; approximately 850 corporate or foundation physician groups; and approximately 4,500 freestanding Medicare certified in-home health care agencies would become eligible to apply for CHAMPUS provider status if this proposed rule is finalized. These changes are expected to competitively redistribute ambulatory care benefit costs for already existing benefits. We certify that this proposed rule will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

Paperwork Reduction Act of 1980 requires all Departments to submit to the Office of Management and Budget (OMB) for review and approval any reporting or record keeping requirements in a proposed or final rule. This proposed rule will, if adopted, require information from the provider applicant to document that the criteria for CHAMPUS-provider status are met.

List of Subjects in 32 CFR Part 199

Claims, Disability, Handicapped, Health insurance, and Military personnel.

PART 199—[AMENDED]

Accordingly, 32 CFR part 199 is amended as follows:

1. The authority citation for part 199 is proposed to be revised to read as follows:

Authority: 5 U.S.C. 301; 10 U.S.C. chapter 55.

2. Section 199.2(b) is proposed to be amended by revising the definition for "Participating provider," and by adding definitions for "Corporate services provider," "Economic interest," and "Qualified accreditation organization" in alphabetical order to read as follows:

§ 199.2 Definitions.

(b) * * *

Corporate services provider. A health care provider which meets the applicable requirements established by § 199.6(e).

* * * * *

Economic interest. (i) Any right, title, or share in the income, remuneration, payment, or profit of a CHAMPUS-authorized provider, or of an individual or entity eligible to be a CHAMPUS-authorized provider, resulting, directly or indirectly, from a referral relationship; or any direct or indirect ownership, right, title, or share, including a mortgage, deed of trust, note, or other obligation secured (in whole or in part) by one entity for another entity in a referral or accreditation relationship, which is equal to or exceeds 5 percent of the total property and assets of the other entity.

(ii) A referral relationship exists when a CHAMPUS beneficiary is sent, directed, assigned or influenced to use a specific CHAMPUS-authorized provider, or a specific individual or entity eligible to be a CHAMPUS-authorized provider.

(iii) An accreditation relationship exists when a CHAMPUS-approved accreditation organization evaluates for accreditation an entity that is an applicant for, or recipient of, CHAMPUS-authorized provider status.

* * * * *

Participating provider. A CHAMPUS-authorized provider that is required, or has agreed by entering into a CHAMPUS participation agreement or by act of indicating "accept assignment" on the CHAMPUS claim form, to accept the CHAMPUS-allowable amount as the maximum total charge for a service or item rendered to a CHAMPUS

beneficiary whether the amount is paid for fully by the CHAMPUS or requires cost-sharing by the CHAMPUS beneficiary.

* * * * *

Qualified accreditation organization. A not-for-profit corporation or a foundation that:

(i) Develops process standards and outcome standards for health care delivery programs, or knowledge standards and skill standards for health care professional certification testing, using experts both from within and outside of the health care program area or individual specialty to which the standards are to be applied;

(ii) Creates measurable criteria that demonstrate compliance with each standard;

(iii) Publishes the organization's standards, criteria and evaluation processes so that they are available to the general public;

(iv) Performs on-site evaluations of health care delivery programs, or provides testing of individuals, to measure the extent of compliance with each standard;

(v) Provides on-site evaluations or individual testing on a national or international basis;

(vi) Provides to evaluated programs and tested individuals time-limited written certification of compliance with the organization's standards;

(vii) Excludes certification of any program operated by an organization which has an economic interest, as defined by § 199.2, in the accreditation organization or in which the accreditation organization has an economic interest;

(viii) Publishes promptly the certification outcome of each program evaluation or individual test so that it is available to the general public; and

(ix) Has been found by the Director to apply standards, criteria, and certification processes which reinforce CHAMPUS provider authorization requirements and promote efficient delivery of CHAMPUS benefits.

* * * * *

3. Section 199.4 is proposed to be amended by revising paragraph (c)(3)(x) and by removing and reserving (g)(70) and (g)(71) to read as follows:

§ 199.4 Basic program benefits.

* * * * *

(c) * * *

(3) * * *

(x) *Physical and occupational therapy.* Assessment and treatment services of a CHAMPUS-authorized physical or occupational therapist may be cost-shared when:

(A) The services are prescribed and monitored by a physician;

(B) The purpose of the prescription is to reduce the disabling effects of an illness, injury, or neuromuscular disorder; and

(C) The prescribed treatment increases, stabilizes, or slows the deterioration of, the beneficiary's ability to perform specified purposeful activity in the manner, or within the range considered normal, for a human being.

* * * * *

(g) *Exclusions and limitations*
(70)–(71)[Reserved]

* * * * *

4. Section 199.6 is proposed to be amended by adding new paragraphs (a)(13) and (a)(14); removing paragraph (b)(1)(ii); revising paragraphs (a)(8), (c)(1), (c)(2) and (c)(3)(iii)(I)(3), redesignating paragraph (e) as (a)(15) and paragraph (f) as (a)(16) and by adding a new paragraph (e) to read as follows:

§ 199.6 Authorized providers.

* * * * *

(a) * * *

(8) *Participating providers.* A CHAMPUS-authorized provider is a participating provider, as defined in § 199.2, under the following circumstances:

(i) *Mandatory participation.*

(A) All medicare-participating hospitals must be CHAMPUS participating providers for all inpatient CHAMPUS claims.

(B) Hospitals that are not Medicare-participating but are subject to the CHAMPUS-DRG-based payment methodology or the CHAMPUS mental health payment methodology as established by § 199.14(a), must enter into a participating agreement with the CHAMPUS for all inpatient claims in order to be a CHAMPUS-authorized provider.

(C) Corporate services providers authorized as CHAMPUS providers under the provisions of paragraph (e) of this section.

(ii) *Voluntary participation.*

(A) *Total claims participation: The participating provider program.* A CHAMPUS-authorized provider that is not required to participate by this part may become a participating provider by entering into an agreement or memorandum of understanding (MOU) with the Director, OCHAMPUS, which includes, but is not limited to, the provisions of paragraph (a)(14) of this section. The Director, OCHAMPUS, may include in a participating provider agreement/MOU provisions that establish between OCHAMPUS and a

class, category, type, or specific provider, uniform procedures and conditions which encourage provider participation while improving beneficiary access to benefits and contributing to CHAMPUS efficiency. Such provisions shall be otherwise allowed by this part or by DoD Directive or DoD Instruction. Participating provider program provisions may be incorporated into an agreement/MOU to establish a specific CHAMPUS-provider relationship, such as a preferred provider arrangement.

(B) *Claim-specific participation.* A CHAMPUS-authorized provider that is not required to participate and that has not entered into a participation agreement pursuant to paragraph (a)(8)(ii)(A) of this section may elect to be a participating provider on a claim-by-claim basis by indicating "accept assignment" on each CHAMPUS claim form for which participation is elected.

* * * * *

(13) *Medical records:* CHAMPUS-authorized provider organizations and individuals providing clinical services shall maintain adequate clinical records to substantiate that specific care was actually furnished, was medically necessary, and appropriate, and identify(ies) the individual(s) who provided the care. This applies whether the care is inpatient or outpatient. The minimum requirements for medical record documentation are set forth by all of the following:

(i) The cognizant state licensing authority;

(ii) The Joint Commission on Accreditation of Healthcare Organizations, or the appropriate Qualified Accreditation Organization as defined in § 199.2;

(iii) Standards of practice established by national medical organizations; and

(iv) This part.

(14) *Participation agreements.* Except for agreements in effect on September 30, 1994, a participation agreement otherwise required by this part shall include, in part, all of the following provisions requiring that the provider shall:

(i) Not charge a beneficiary for the following:

(A) Services for which the provider is entitled to payment from CHAMPUS;

(B) Services for which the beneficiary would be entitled to have CHAMPUS payment made had the provider complied with certain procedural requirements;

(C) Services not medically necessary and appropriate for the clinical management of the presenting illness, injury, disorder or maternity;

(D) Services for which a beneficiary would be entitled to payment but for a reduction or denial in payment as a result of quality review; and

(E) Services rendered during a period in which the provider was not in compliance with one or more conditions of authorization;

(ii) Comply with the applicable provisions of this part and related CHAMPUS administrative policy;

(iii) Accept the CHAMPUS determined allowable payment combined with the cost-share, deductible, and other health insurance amounts payable by, or on behalf of, the beneficiary, as full payment for CHAMPUS allowed services;

(iv) Collect from the CHAMPUS beneficiary those amounts that the beneficiary has a liability to pay for the CHAMPUS deductible and cost-share;

(v) Permit accessed by the Director to the clinical record of any CHAMPUS beneficiary, to the financial and organizational records of the provider, and to reports of evaluations and inspections conducted by state of private agencies or organizations;

(vi) Provide to the Director prompt written notification of the provider's employment of an individual who, at any time during the twelve months preceding such employment, was employed in a managerial, accounting, auditing, or similar capacity by an agency or organization which is responsible, directly or indirectly for decisions regarding Department of Defense payments to the provider;

(vii) Cooperate fully with a designated utilization and clinical quality management organization which has a contract with the Department of Defense for the geographic area in which the provider renders services;

(viii) Obtain written authorization before rendering designated services or items for which CHAMPUS cost-share may be expected;

(ix) Maintain clinical and other records related to individuals for whom CHAMPUS payment was made for services rendered by the provider, or otherwise under arrangement, for a period of 60 months from the date of service;

(x) Maintain contemporaneous clinical records that substantiate the clinical rationale for each course of treatment, the methods, modalities or means of treatment, periodic evaluation of the efficacy of treatment, and the outcome at completion or discontinuation of treatment;

(xi) Refer CHAMPUS beneficiaries only to providers with which the referring provider does not have an

economic interest, as defined in § 199.2; and

(xii) Limit services furnished under arrangement to those for which receipt of payment by the CHAMPUS authorized provider discharges the payment liability of the beneficiary.

* * * * *

(c) *Individual professional providers of care.*

(1) *General.*

(i) *Purpose.* This individual professional provider class is established to accommodate individuals who are recognized by 10 U.S.C. 1079(a) as authorized to assess or diagnose illness, injury, or bodily malfunction as a prerequisite for CHAMPUS cost-share of otherwise allowable related preventive or treatment services or supplies, and to accommodate such other qualified individuals who the Director may authorize to render otherwise allowable services essential to the efficient implementation of a plan-of-care established and managed by a 10 U.S.C. 1079(a) authorized professional.

(ii) *Professional corporation affiliation or association membership permitted.* Paragraph (c) of this section applies to those individual health care professionals who have formed a professional corporation or association pursuant to applicable state laws. Such a professional corporation or association may file claims on behalf of a CHAMPUS-authorized individual professional provider and be the payee for any payment resulting from such claims when the CHAMPUS-authorized individual certifies to the Director in writing that the professional corporation or association is acting on the authorized individual's behalf.

(iii) *Scope of practice limitation.* For CHAMPUS cost-sharing to be authorized, otherwise allowable services provided by a CHAMPUS-authorized individual professional provider shall be within the scope of the individual's license as regulated by the applicable state practice act of the state where the individual rendered the service to the CHAMPUS beneficiary or shall be within the scope of the test which was the basis for the individual's qualifying certification.

(iv) *Employee status exclusion.* An individual employed, directly, or indirectly by contract, by an individual or entity to render professional services otherwise allowable by this part is excluded from provider status as established by paragraph (c) of this section for the duration of such employment.

(v) *Training status exclusion.* Individual health care professionals

who are allowed to render health care services only under direct and ongoing supervision as training to be credited towards earning a clinical academic degree or other clinical credential required for the individual to practice independently are excluded from provider status as established by paragraph (c) of this section for the duration of such training.

(2) *Conditions of authorization.*

(i) *Professional license requirement.*

The individual must be currently licensed to render professional health care services in each state in which the individual renders services to CHAMPUS beneficiaries. Such license is required when a specific state provides, but does not require, license for a specific category of individual professional provider. The license must be at a full clinical practice level to meet this requirement. A temporary license at the full clinical practice level is acceptable.

(ii) *Professional certification requirement.* When a state does not license a specific category of individual professional certification by a Qualified Accreditation Organization, as defined in § 199.2 of this part is required. Certification must be at the full clinical practice level. A temporary certification at the full clinical practice level is acceptable.

(iii) *Education, training, and experience requirement.* The director may establish for each category or type of provider allowed by paragraph (c) of this section specific education, training, and experience requirements as necessary to promote the delivery of services by fully qualified individuals.

(iv) *Physician referral and supervision.* When physician referral and supervision is a prerequisite for CHAMPUS cost-sharing of the services of a provider authorized under paragraph (c) of this section, such referral and supervision means that the physician must actually see the patient to evaluate and diagnose the condition to be treated prior to referring the beneficiary to another provider and that the referring physician provides ongoing oversight of the course of referral related treatment throughout the period during which the beneficiary is being treated in response to the referral. Written contemporaneous documentation of the referring physician's basis for referral, and of ongoing communication between the referring and treating provider regarding the oversight of the treatment rendered as a result of the referral must meet all requirements for medical records established by this part. Referring physician supervision does not require physical location on the

premises of the treating provider or at the site of treatment.

(3) * * *

(iii) * * *

(I) * * *

(3) Licensed registered physical therapists and occupational therapists.

* * * * *

(e) *Corporate services providers.*

(1) *General.*

(1) This corporate services provider class is established to accommodate individuals who would meet the criteria for status as a CHAMPUS authorized individual professional provider as established by paragraph (c) of this section but for the fact that they are employed directly or contractually by a corporation or foundation that provides principally professional services which are within the scope of the CHAMPUS benefit.

(ii) Payment for otherwise allowable services may be made to a CHAMPUS-authorized corporate services provider subject to the applicable requirements, exclusions and limitations of this part.

(iii) The Director may create discrete types within any allowable category of provider established by paragraph (e) of this section to improve the efficiency of CHAMPUS management.

(iv) The Director may require, as a condition of authorization, that a specific category or type of provider established by paragraph (e) of this section:

(A) Maintain certain accreditation in addition to or in lieu of the requirements of paragraph (e)(2)(v) of this section;

(B) Cooperate fully with a designated utilization and clinical quality management organization which has a contract with the Department of Defense for the geographic area in which the provider does business;

(C) Render services for which direct or indirect payment is expected to be made by the CHAMPUS only after obtaining CHAMPUS written authorization; and

(D) Maintain Medicare approval for payment when the Director determines that a category, or type, of provider established by paragraph (e) of this section is substantially comparable to a provider or supplier for which Medicare has regulatory conditions of participation or conditions of coverage;

(v) Otherwise allowable services may be rendered at the authorized corporate services provider's place of business, or in the beneficiary's home under such circumstances as the Director determines to be necessary for the efficient delivery of such in-home services.

(vi) The Director may limit the term of a participation agreement for any category or type of provider established by paragraph (e) of this section.

(vii) Corporate services providers shall be assigned to only one of the following allowable categories based upon the predominate type of procedure rendered by the organization:

- (A) Medical treatment procedures;
- (B) Surgical treatment procedures;
- (C) Maternity management procedures;
- (D) Rehabilitation and/or habilitation procedures; or
- (E) Diagnostic technical procedures.

(viii) The Director shall determine the appropriate procedural category of a qualified organization and may change the category based upon the provider's CHAMPUS claim characteristics. The category determination of the Director is conclusive and may not be appealed.

(2) *Conditions of authorization.* An applicant must meet the following conditions to be eligible for authorization as a CHAMPUS corporate services provider:

(i) Be a corporation or a foundation, but not a professional corporation or professional association, and

(ii) be institution-affiliated or freestanding as defined in § 199.2 and

(iii) Provide:

(A) Services and related supplies of a type rendered by CHAMPUS individual professional providers or diagnostic technical services and related supplies of a type which requires direct patient contact and a technologist who is licensed by the state in which the procedure is rendered for who is certified by a Qualified Accreditation Organization as defined in § 199.2 and

(B) A level of care which does not necessitate that the beneficiary be provided with on-site sleeping accommodations and food in conjunction with the delivery of services and

(iv) Complies with all applicable organizational and individual licensing or certification requirements that are extant in the state, county, municipality, or other political jurisdiction in which the provider renders services and

(v) Be approved for Medicare payment when determined to be substantially comparable under the provisions of paragraph (e)(1)(iv)(D) of this section or, when Medicare approved status is not required, be accredited by a qualified accreditation organization, as defined in § 199.2 and

(vi) Has entered into a participation agreement approved by the Director which at least complies with the minimum participation agreement requirements of this section.

(3) *Transfer of participation agreement.* In order to provide continuity of care for beneficiaries when there is a change of provider ownership, the provider agreement is automatically assigned to the new owner, subject to all the terms and conditions under which the original agreement was made.

(i) The merger of the provider corporation or foundation into another corporation or foundation, or the consolidation of two or more corporations or foundations, resulting in the creation of a new corporation or foundation constitutes a change of ownership.

(ii) Transfer of corporate stock or the merger of another corporation or foundation into the provider corporation or foundation does not constitute change of ownership.

(iii) The surviving corporation or foundation shall notify the Director in writing of the change of ownership promptly after the effective date of the transfer or change in ownership.

(4) *Pricing and payment methodology.* The pricing and payment of procedures rendered by a provider authorized under paragraph (e) of this section shall be limited to those methods for pricing and payment allowed by this part which the Director determines contribute to the efficient management of the CHAMPUS.

(5) *Termination of participation agreement.* A provider may terminate a participation agreement upon 45 days written notice to the Director and to the public.

Dated: March 1, 1995.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 95-5377 Filed 3-7-95; 8:45 am]

BILLING CODE 5000-04-M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52

[WA-18-1-5933b; FRL-5152-1]

Approval and Promulgation of State Implementation Plans: Washington

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: The EPA proposes to approve the State Implementation Plan (SIP) revision submitted by the State of Washington for the purpose of establishing a Small Business Stationary Source Technical and Environmental Compliance Assistance Program. The

SIP revision was submitted by the State to satisfy the Federal mandate of the Clean Air Act (CAA or Act), to ensure that small businesses have access to the technical assistance and regulatory information necessary to comply with the CAA. In the final rules section of this **Federal Register**, the EPA is approving the State's SIP revision as a direct final rule without prior proposal because the Agency views this as a noncontroversial revision amendment and anticipates no adverse comments. A detailed rationale for the approval is set forth in the direct final rule. If no adverse comments are received in response to this proposed rule, no further activity is contemplated in relation to this rule. If the EPA receives adverse comments, the direct final rule will be withdrawn and all public comments received will be addressed in a subsequent final rule based on this proposed rule. The EPA will not institute a second comment period on this document.

DATES: Comments on this proposed rule must be received in writing by April 7, 1995.

ADDRESSES: Written comments should be addressed to Montel Livingston, Environmental Protection Specialist (AT-082), Air Programs Section, at the EPA Regional Office listed. Copies of the documents relevant to this proposed rule are available for public inspection during normal business hours at the following locations. The interested persons wanting to examine these documents should make an appointment with the appropriate office at least 24 hours before the visiting day.

U.S. Environmental Protection Agency, Region 10, Air Programs Section, 1200 6th Avenue, Seattle, WA 98101.

Washington State Department of Ecology, P.O. Box 47600, Olympia, WA 98504.

FOR FURTHER INFORMATION CONTACT: David J. Dellarco, Air and Radiation Branch (AT-082), EPA, 1200 Sixth Avenue, Seattle, WA 98101, (206) 553-4978.

SUPPLEMENTARY INFORMATION: See the information provided in the direct final rule which is located in the rules section of this **Federal Register**.

Dated: February 1, 1995.

Chuck Clarke,

Regional Administrator.

[FR Doc. 95-5448 Filed 3-7-95; 8:45 am]

BILLING CODE 6560-50-F